



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/09/2016
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NAME OF PROVIDER OR SUPPLIER
ELSIE-DORIS FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
308 CHERRY GROVE STREET
DURHAM, NC 27703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section and the Durham County Department of Social Services conducted an annual survey on May 6, 2016 and May 9, 2016.	C 000		
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the side front window, air vents, ceiling and walls were kept clean and in good repair on the front porch, in the living room, hallway and kitchen and 1 of 3 bedrooms. The findings are: Observation of the front porch on 5/06/16 at 9:15 a.m. revealed: -The side front porch window on the left side of the house facing the road was shattered. -The window had a 24" shattered area at the top of the window pane on the right side. Observation of the living room on 5/06/16 at 9:30 a.m. revealed: -The ceiling over the love seat had a dark brown stain. -The stain was about 12 inches long. Observation of bedroom #1 on 5/06/16 at 10:00	C 074	LAND lord repair the window on left front side of house on LAND lord also repair DARK BROWN STAIN on	5/16/16 5/17/16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Pagente Jones

TITLE

Administrator

(X6) DATE

5/31/16

STATE FORM

If continuation sheet 1 of 10

Not accepted

10/18/16 - DORIS
POC reviewed and
accepted"

Division of Health Service Regulation

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C 074	Continued From page 1 a.m. revealed: -A 1" dark brown stain area at the corner of the ceiling near the window. -The paint on the right side of the window near the window frame had faded from a leak. Interview with a resident on 5/09/16 at 9:40 a.m. revealed: -The paint around the window pane had been faded for about a month. -The spot in the corner of the room had been there for about a month. -The ceiling had been leaking for about a month. Observation of the hallway on 5/06/16 at 10:20 a.m. leading to the kitchen revealed a rusty air vent near the wall. Observation of the kitchen on 5/06/16 at 10:45 a.m. revealed: -A rusty air vent near the food storage rack. -The ceiling near the light had a dark brown stained area. -The area was about 8 inches long. Observation of the community bathroom on 5/06/16 at 11:00 a.m. revealed: -A rusty air vent was observed under the towel rack and beside the sink. -The ceiling over the shower curtain had a dark brown stained area. -The area was about 6 inches long Interview with the Supervisor-in-Charge (SIC) on 5/09/16 at 10:35 a.m. revealed: -She was aware of the leaks in the ceilings of the living room, kitchen and bathroom. -She was aware of the shattered window on the front porch. The window had been broken for about a month.	C 074	Also repair by landlord ON Brown stain of corner Landlord paint the faded window frame on The Dolor replace the rusty Air vent All Air vent was replace on Repair the dark stain on cell over shower curtain	5/7/16 5/7/16 5/7/16 5/7/16 5/7/16

Division of Health Service Regulation

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C 074	Continued From page 2 -She was not aware of the rusty air vents in the kitchen, bathroom and hallway. -She was responsible for reporting needed repairs to the Administrator. Telephone interview with the Administrator on 5/09/16 at 3:00 p.m. revealed: -She was aware of the leaks in the ceiling of the living room, kitchen and bathroom. -She was not aware of the rusty air vents in the bathroom, hallway and kitchen. -She was aware of the shattered window on the front porch. -The window had been broken for about a month. -She was in the process getting the leaks in the ceiling and the window repaired. -The SIC was responsible for reporting and documenting needed repairs. -The Administrator was responsible for making sure repairs were made at the facility.	C 074		
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to notify the physician of an emergency room visit for 1 (Resident #2) of 1 sampled resident who had a fall and complained of chest pain on 3/23/16. The findings are: Review of Resident #2's current FL-2 dated 11/20/15 revealed diagnoses of hypertension,	C 246		

Division of Health Service Regulation

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C 246	Continued From page 3 pain chronic both legs, history of frequent falls and life-long anticoagulation. Review of Resident #2's emergency room visit notes dated 3/23/16 revealed Resident #2 should be seen by her physician within 3 days of her visit to the Emergency Room. Review of the facility's Progress Notes for Resident #2 revealed: -On 3/23/16 (no time), Resident #2 fell around 6:00 a.m. coming back from the bathroom. No injuries were found. She complained of chest pains around 3:00 p.m. She was sent to the emergency room for evaluation. She returned to the facility at 10:30 p.m. The doctor stated, "Just keep [an] eye on her and make a follow-up appointment with her doctor." -On 4/12/16 (no time), Staff took Resident #2 to see her Primary Care Physician, but she did not have an appointment. Interview with Resident #2 on 5/06/16 at 4:00 p.m. revealed: - She had not been to see a doctor since 3/23/16. -She had no recent falls or chest pains. Interview with the Supervisor-in-Charge (SIC) on 5/06/16 at 4:30 p.m. revealed: -Resident #2 had not been seen by her Primary Care Physician (PCP) since 3/23/16. -She called to make an appointment for Resident #2 within 24 hours of the referral, but she did not tell the office staff the resident needed to be seen within 3 days of an emergency room visit. -She took Resident #2 on 4/12/16 (in the afternoon) for a follow-up appointment, but she was told resident had no appointment. -She re-scheduled an appointment for Resident #2 on 5/10/16 at 3:00 p.m.	C 246		

Division of Health Service Regulation

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C 246	Continued From page 4 Telephone interview with the Administrator on 5/09/16 at 4:09 p.m. revealed: -She was not aware Resident #2 had not been to her physician within 3 days of her emergency room visit. -She was aware the SIC had made an appointment for Resident #2, but did not know SIC forgot to tell the office staff the resident needed to be seen with 3 days of an emergency room visit. -The SIC was responsible for making follow-up appointments for residents within 24 hours of an emergency room visit. Attempted interview with Resident #2's physician.	C 246	Adminitor and stc Resident to Appointment the Next day PCP did a follow up Appointment is noted in resident records	5/10/16
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule is not met as evidenced by: Based on review of the facility's activity calendar for May 2016, interview and observation, the facility failed to develop a program of activities designed to promote the resident's active involvement. The findings are: Observation on 5/06/16 at 10:30 a.m. revealed no activity calendar for May 2016 was posted at the facility. Observation on 5/09/16 at 10:45 a.m. revealed an	C 288	A	

Division of Health Service Regulation

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C 288	Continued From page 5 activity calendar for May 2016 was posted, but there were less than 14 hours of planned group activities per week. Interviews with 4 of 4 residents revealed: -There were no activities at the facility. -They do outside activities such as shopping and going out to eat at least every other month. -One stated he went to a day program. -Another resident stated he was enrolling in a community college. Observation on 5/06/16 from 9:15 p.m.-1:00 p.m. and from 2:00 p.m.-5:15 p.m. revealed no planned group activities were offered to the residents. Interview with the Supervisor-in-Charge (SIC) on 5/09/16 at 10:30 a.m. revealed: -She was responsible for activities at the facility. -She did the monthly activity calendar. -The activity calendar for May 2016 had not been posted because it was not finished. -Activities are not done daily at the facility because SIC does not always have time to do daily activities. -On 5/06/16, she had planned to take residents out to eat, but postponed the activity because of the survey. -This activity was not documented on the activity calendar. -We have outside activities such as shopping and going out to eat at least every other month. Telephone interview with the Administrator on 5/09/16 at 3:00 p.m. revealed: -She was unaware the activity calendar for May 2016 was not posted. -She had not been over to the facility to check the activity calendar for May 2016.	C 288	Administrator will observe at the end of each month activities calendar will be posted 5/6/16 Administrator will have a meeting with resident each month to ^{daily} update change any of the activities	

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C 288	Continued From page 6 -Her expectations were activities should be done daily at the facility, and residents go on outside outings at least every other month. -There was no system in place to monitor activities at the facility.	C 288		
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure a ready and retrievable record of controlled substances were accurate and accountable for 1 (Resident #3) of 2 sampled residents for a physician order for a control drug for clonazepam. The findings are: Review of Resident #3's current FL-2 dated 11/9/15 revealed: -Diagnoses included schizoaffective disorder /bipolar, mild mental retardation, hypertension, hyperlipidemia, anxiety and tobacco use. -A medication order for clonazepam 1mg two times a day. (Clonazepam is used to treat anxiety.) Review of Resident #3's Medication Administration Record (MAR) for March 2016 revealed:	C 367	Adminstrator and STAFF went over policy and procedure Medication. Also Adminstrator was given Administration and documentation class by RN Nurse ON 5/8/16	

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C 367	Continued From page 7 - An entry for clonazepam 1mg 2 times a day scheduled for administration at 8:00 a.m. and 8:00 p.m. - Documentation of administration daily at 8:00 a.m. and 8:00 p.m. Review of Resident #3's Medication Administration Record (MAR) for April 2016 revealed: - An entry for clonazepam 1mg 2 times a day scheduled for administration at 8:00 a.m. and 8:00 p.m. - Documentation of administration daily at 8:00 a.m. and 8:00 p.m. Review of Resident #3's Medication Administration Record (MAR) for May 2016 revealed: - An entry for clonazepam 1mg 2 times a day scheduled for administration at 8:00 a.m. and 8:00 p.m. - Documentation of administration daily at 8:00 a.m. and 8:00 p.m. Observations of clonazepam on hand on 5/06/16 at 12:00 p.m. revealed: - A blister pack dispensed March 2, 2016 with 19 tablets of clonazepam remaining. - A blister pack dispensed April 1, 2016 with 17 tablets of clonazepam remaining. - A blister pack dispensed May 1, 2016 with 50 tablets of clonazepam remaining. - The instructions on the label of the blister packs read clonazepam 1 mg twice a day. Review of Resident #3's controlled substances count sheet for the month of March 2016 revealed: - 60 tablets of clonazepam were dispensed on 03/02/16.	C 367			

Division of Health Service Regulation

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C 367	Continued From page 8 -On 5/06/16, 0 tablets of clonazepam were signed out. Review of Resident #3's controlled substances count sheet for April 2016 revealed: -60 tablets of clonazepam were dispensed on 4/01/16. -On 5/06/16, 0 tablets of clonazepam were signed out. Review of Resident #3's controlled substances count sheet for the month of May 2016 revealed: -60 tablets of clonazepam were dispensed on 5/01/16. - On 5/06/16, 10 tablets of clonazepam were signed out. Observation of the blister packs dispensed on 3/2/16 and 4/1/16 revealed 36 tablets of clonazepam were on hand. Interview with Resident #3 on 5/06/16 at 4:45 p.m. revealed the staff gave him his clonazepam twice daily. Interview with the Supervisor-in-Charge (SIC) on 5/06/16 at 4:30 p.m. revealed: -She became a medication aide about 9 months ago. -She had never counted the clonazepam with the Administrator. -There were unused clonazepam in the medication cart, prior to her working at the facility. -She was trying to use up the excess tablets of clonazepam. -That was why 36 extra tablets of clonazepam were on hand. -She could not explain why the controlled substance count sheet for March 2016 and April 2016 had a zero balance.	C 367			

Division of Health Service Regulation

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C 367	Continued From page 9 -She could not explain why the blister pack dated March 2, had 19 tablets of clonazepam remaining. -She could not explain why the blister pack dated April 1, had 17 tablets of clonazepam remaining. -On 5/01/16, she had just started using the blister pack for May 2016. -She stated, "No one told me to do it I just decided to do it." -She had not been told to send back the unused clonazepam to the pharmacist. -There was no system in place to count the controlled drugs. Telephone interview with the Administrator on 5/09/16 at 4:09 p.m. revealed. -She did not know Resident #3 had 36 extra tablets of Clonazepam on hand. -She could not explain why 36 extra tablets of Clonazepam were on hand. -Her expectations were the control substances count sheets and the narcotics on hand be accurate at all times and the unused narcotics be sent back to the pharmacist within 48 hours.	C 367	Administrator will check each residents records to make sure that all documentation written correctly by staff	5/19/16	